

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10 567983

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3						
4						
5						
6						
7						
8		1				
9						
10						
11						
12						
13						
14	1					
15						
16						
17	1					
18		2				
19		2				
20		2				
21	1					
22	1					
23						
24	1					
25	1					
26						
27		2				
28						
29						
30						
31	2					
32	2					
33	2					
34		1				
35			1			
36						
37						
38		1				
39			1			
40						
41		1				
42						
43						
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49						
50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51			1			
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						